

HC PUBLIC HEALTH RYAN WHITE GRANT ADMINISTRATION
REQUEST FOR VAN TRANSPORTATION
MEDICAL STATEMENT

(This form can be downloaded at www.hcphtx.org/rwga under Grants Management, Forms & Instructions Link.)

USE ONE FORM PER CLIENT

PLEASE NOTE: This medical statement is valid for 180 days from the date of medical care provider signature.

CLIENT 11-CHARACTER CPCDMS CODE:	CLIENT 3-CHARACTER ARIES CODE:
EFFECTIVE DATE:	END DATE:

PURPOSE OF THE MEDICAL STATEMENT (To be completed by Medical Care Provider):
Describe in detail why client is unable to use METRO and must use van transportation.

Medical Provider (PRINT NAME)

Medical Care Provider Signature

Title & Agency

Date

Client should submit form to Saint Hope Foundation for van transportation.

Prior written certification by client's principal medical provider (e.g., Medical Care Coordinator) is required to access van transportation, to be renewed every 180 days. All clients may receive a maximum of 4 non-certified round trips per year (includes taxi vouchers). Documentation of this requirement must be in client's file. **If prior approval is not obtained, the units may be disallowed for reimbursement.**